

7.5
3
MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/820298
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		1ST AMENDMENT		2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/	0	/			
7	/		/			
8	/		/			
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50						
TOTAL IND.	2		2			
TOTAL DEP.	0	1	9	1		
TOTAL CLAIMS	11		11			

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						